



A Parent's Guide to OPIOID USE PREVENTION

BROUGHT TO YOU BY



The Connecticut Department of Mental Health and Addiction Services
and The Prevention Training & Technical Assistance Center



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Acknowledgments



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Prevention
Training
Technical
Assistance
Service
Center

The Prevention Training and Technical Assistance Service Center (TTASC) helps build the capacity of individuals, organizations, and multi-sector community coalitions to implement evidence-based prevention strategies and best practices and to promote career pathways and advancement in the prevention field. TTASC accomplishes this purpose by organizing events such as learning communities, facilitating access to professional development offerings, providing customized technical assistance, and promoting individual and organizational networking.

The Connecticut Department of Mental Health and Addiction Services (DMHAS) funds Connecticut's Prevention TTASC.

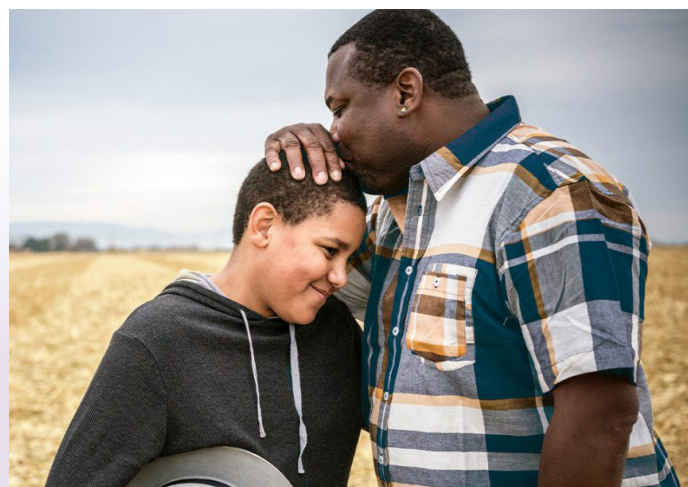
Chapter 1

Introduction



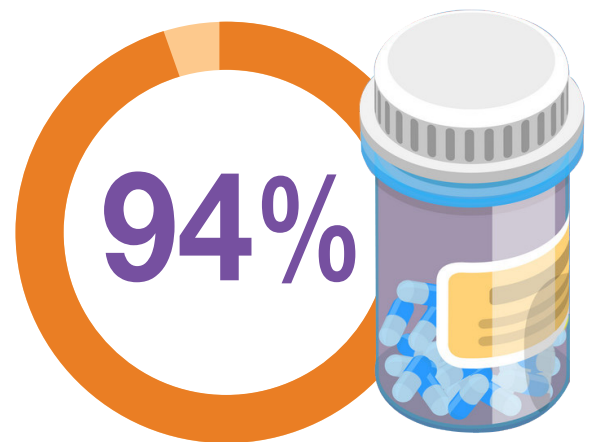
Preventing drug use and its related harms is a shared responsibility for families, communities, and medical providers. There are a wide variety of supportive organizations for parents to turn to when they need guidance. Here you'll find information about opioids both nationally and in Connecticut, insight into risk and protective factors for kids, tips for communicating about substance use with children of different ages, recommendations for keeping kids safe at home, options for prevention and treatment, important questions to ask medical providers who might prescribe opioids, and more detailed information about the youth populations that experience heightened risk.

Drug overdose is the leading cause of unintentional death in the United States, with a significant number stemming from opioid use. Medical and non-medical use of opioids increased sharply in the 1990s, causing increases in overdose mortality, rates of emergency room visits for nonmedical use, withdrawal symptoms in newborns exposed to substances in utero, and opioid use disorder (OUD) treatment admissions.



Connecticut

Over the last several years, Connecticut has seen a steady and alarming increase in the number of overdose deaths and opioid-related emergency room visits. Connecticut's Office of the Chief Medical Examiner (OCME) reported a 236% increase in overdose deaths between 2012 and 2019.



AS OF 2019, OPIOIDS were involved in 94% of unintentional overdose deaths in Connecticut.

At 31 deaths per 100,000, the opioid epidemic in Connecticut far exceeds the nationwide average of 14 deaths per 100,000 people and is higher than neighboring states: 29 per 100,000 in Massachusetts, 27 per 100,000 in Rhode Island, 27 per 100,000 in Maine, 18 per 100,000 in New Hampshire, and 15 per 100,000 in Vermont. According to the Live Loud campaign, an initiative of Connecticut's Response to Opioid Use Disorder (CROUD), unintentional drug overdose kills more Connecticut residents than motor vehicle accidents every year.

Who do opioids affect?

Figure 1 shows the unintentional drug overdose mortality rate in Connecticut, by race/ethnicity for 2019 and the first half of 2020 (January – June). During 2019–2020, drug overdose death rates were highest among non-Hispanic White and non-Hispanic Black populations.

Figure 1.

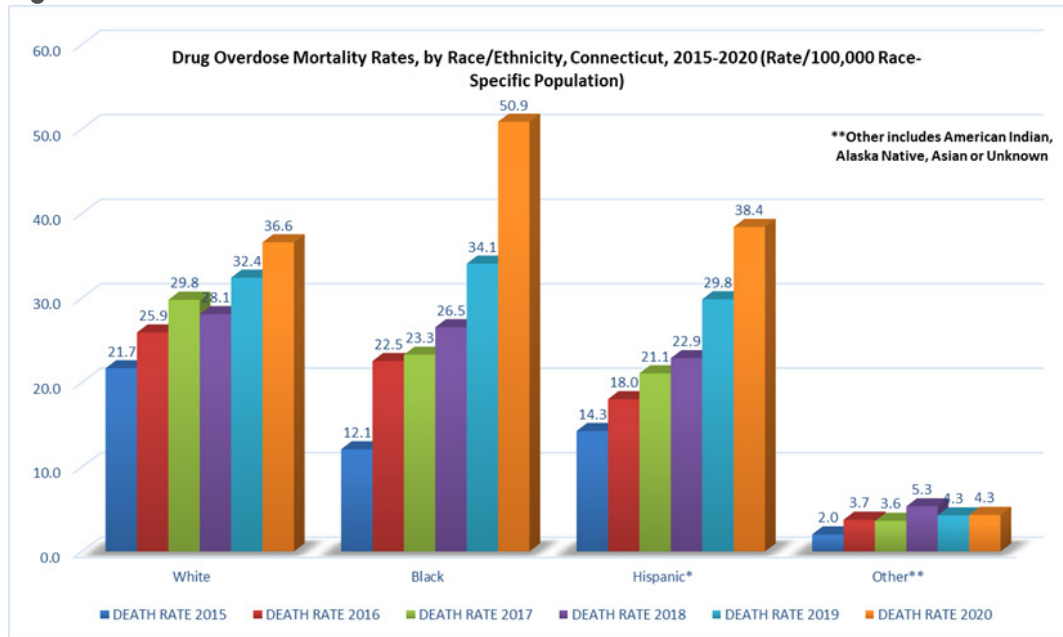
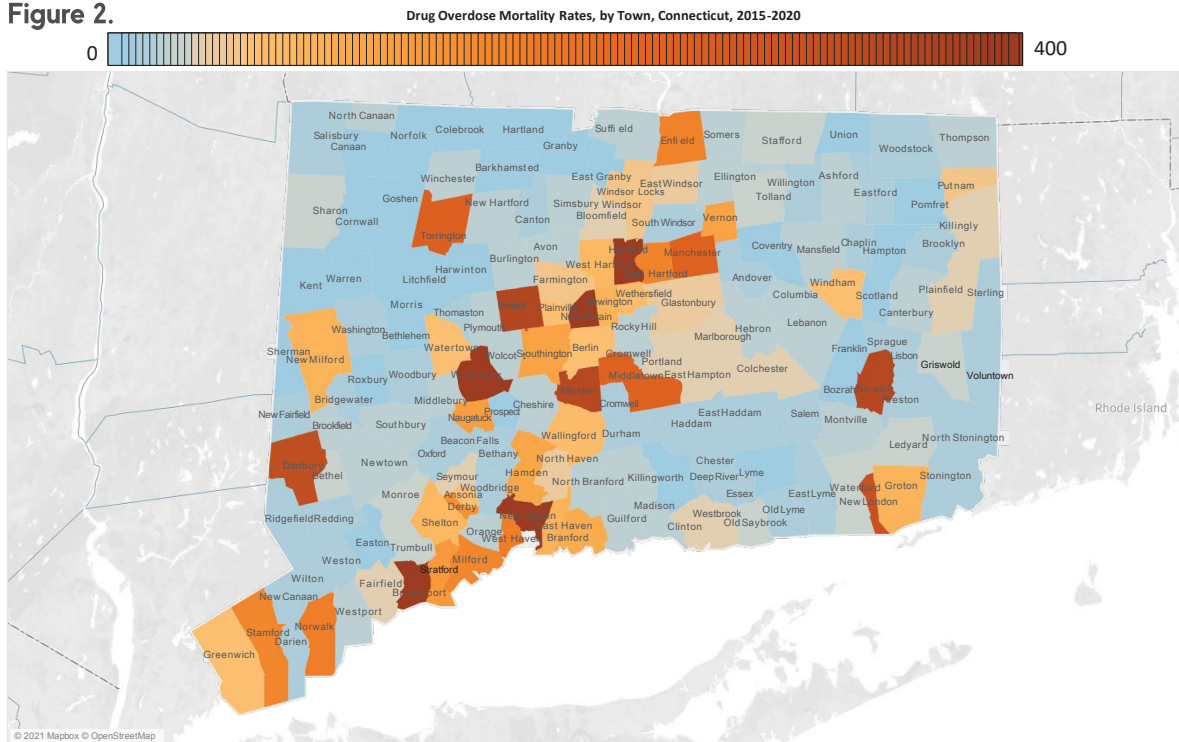


Figure 2 shows drug overdose mortality between 2019–2020. Drug overdose deaths reach across the state. New Haven County (44.2) had the highest rate, followed by Litchfield County (39.9), Middlesex County (39.4), Hartford County (39.2), and New London County (39.2). Unintentional overdose deaths can happen anywhere.

Figure 2.



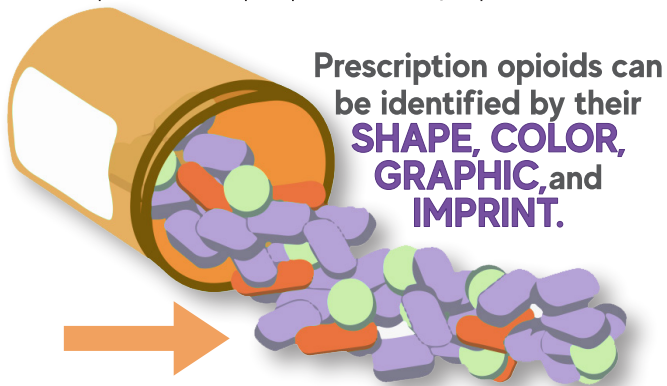
Map based on average of Longitude and average of Latitude. For pane Average of Latitude: Color shows sum of Death Count 2015-2020 (Sheet1 (deathcount by town 15-20)). Details are shown for Town and Town. The data is filtered on count of Death Count 2015-2020 (Sheet1 (deathcount by town 15-20)), which ranges from 1 to 200. The view is filtered on Town and sum of Death Count 2015-2020 (Sheet1 (deathcount by town 15-20)). The Town filter keeps 169 of 169 members. The sum of Death Count 2015-2020 (Sheet1 (deathcount by town 15-20)) filter includes everything.

Chapter 2

Opioid Use, Dependence and Addiction, and Withdrawal



Opioids are a class of drugs whose chemical compound is naturally found in the opium poppy plant; some prescription opioids are made from the plant directly, and others are synthetically made in labs. Both are commonly used to treat moderate to severe pain, usually associated with surgery and other medical procedures. Prescription opioids may be called by their scientific or brand name - fentanyl, codeine, morphine (Kadian, Avinza), oxycodone (Opana), hydrocodone (Vicodin), oxycodone (Percocet, OxyContin), Tramadol - but most opioids also have common names - perc, oxy, vikes, OC, oxycotton, happy pills, trammies, chill pills, lean, purp, and dirty sprite.



Prescription opioids can be identified by their **SHAPE, COLOR, GRAPHIC, and IMPRINT.**

YOU CAN SEARCH ONLINE TO SEE IMAGES OF PRESCRIPTION OPIOIDS.

Opioids work by attaching their chemical proteins to the brain, spinal cord, and other organs in the body, sticking to neural receptors associated with feelings of pain and pleasure. Once attached, the opioid blocks the body's pain neural receptors and prompts a large release of dopamine to the brain's reward center (the nucleus accumbens).

Prolonged use of opioids causes increased tolerance, so people may misuse the substance by taking larger doses to feel a similar positive effect. This procession can motivate people to seek the substance even if it's harmful, which leads to dependence and possibly addiction. Among other detrimental medical and social problems, long-term opioid use has been linked to overdose and unintentional death.

Opioid use and withdrawal have distinct physical and behavioral symptoms.

KNOWING THE SIGNS OF DRUG USE AND WITHDRAWAL, and addressing them appropriately, can prevent further harm.

- Tiredness
- Weight loss
- Pinpoint Pupils
- Moodiness
- Isolation
- Anxiety
- Irritability

After cutting back or quitting opioids, one might experience agitation, anxiety, insomnia, and sweating followed by more severe flu-like symptoms including nausea, diarrhea, and abdominal cramping; while uncomfortable, withdrawal symptoms are not generally life-threatening but may induce the person into drug-seeking behavior to avoid them. The severity of withdrawal symptoms are dependent upon the person's metabolism, tolerance, and the type of opioid used, and may begin to present anywhere between 12 to 30 hours after the last dose.

OPIOIDS COME IN A VARIETY OF FORMS

and can be administered in a myriad of ways:



BY MOUTH
IN THE FORM OF
PILLS AND SYRUPS



ADHERED TO THE SKIN
AS MEDICATION PATCHES



INTRANASAL
BY SNORTING
CRUSHED PILLS



INTRAVENOUS
BY INJECTING
WITH A SYRINGE



TRANSMUCOSAL
THROUGH THE MUCOUS
MEMBRANES OF THE INNER
CHEEK USING "LOLLIPOPS"



**RECTAL
ADMINISTRATION**
THROUGH SUPPOSITORIES

Some ways of taking opioids require the use of other tools: tightly rolled paper or dollars, spoons with burn marks, small pieces of wet cotton, and needles, included. Seeing these items should alert you that it is time to find support. No matter what they're called, whether they're prescribed or purchased on the street, or how they're administered, these substances are highly addictive and should be avoided when possible and always approached with caution.

Opioid dependence and addiction are possible even while taking a prescription properly, but the two are distinct in their level of harm. Dependence can present with both psychological and physical symptoms. For instance, psychological dependence looks like someone seeking out harmful substances, even alcohol and nicotine, as a way to cope with emotional triggers or stressful events. Physical dependence, however, causes the body's cells and systems work differently due to increased tolerance and can result in cravings for the substance.



**NATIONAL
INSTITUTE ON
DRUG ABUSE**
DESCRIBES ADDICTION AS:

"the compulsive use of drugs despite the consequences and is characterized by the inability to stop use of the drug; failure to meet work, social, and family obligations, and tolerance and withdrawal symptoms dependent upon the drug".

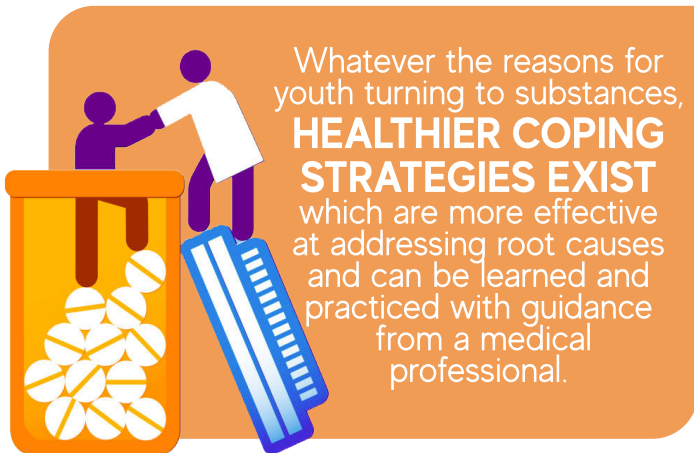
Chapter 3

Youth and Opioids



Young people experiment with opioids due to their own curiosity about the effects of the drug, peer pressure from their social group, other substance use progression, and self-medication to cope with depression, anxiety, and other mental health challenges.

At the beginning, using a drug can cause euphoric or calming feelings, heightened awareness and attention, or simply increase social status.



Whatever the reasons for youth turning to substances, **HEALTHIER COPING STRATEGIES EXIST** which are more effective at addressing root causes and can be learned and practiced with guidance from a medical professional.

It's important to remember that using drugs does not often result in healthy outcomes or other positive benefits.

Several factors can increase the risk of a child using substances. Youth who identify as LGBTQ or gender minorities experience more instances of bullying, exclusion, and discrimination that can cause significant psychological stress; youth who play competitive sports and become injured can feel pressure to return to their team and perform at their previous level quickly; and young teens or children who undergo dental procedures and are prescribed opioids by a doctor may be impacted more quickly by the drugs.







Opioid misuse occurs when an individual uses the drug in a way that it was not originally prescribed for use or past the date of use. For example, if a medical provider prescribes a teen Vicodin for postoperative pain for once a day and up to two weeks, misuse occurs if the teen uses the medication more than once per day or for longer than two weeks. Misuse may also occur from over-prescription of the opioid which occurs when a medical provider prescribes a patient a large quantity or a higher dose of the medication than is necessary. While youth may initially acquire prescription opioids from their medical provider due to injuries, surgery, dental procedures, or other health conditions known to cause severe pain, such as cancer, they may also access their own or a family member's leftover prescriptions or receive them from a friend. Misuse has been linked to addiction.





Despite the many ways or reasons a young person might turn to opioids, **parents and caregivers who actively build protective factors in their child's life decrease the likelihood of their child misusing, becoming dependent on or addicted to, and overdosing on opioids.**

Protective factors include but are not limited to:

-  **Stable home environment and family rituals**
-  **Cohesive and affectionate families**
-  **Abstinent role models or peers, including family members and friends**
-  **Social and recreational activities without substances**
-  **Self-confidence**
-  **Connectedness to school and teachers, peers, and the neighborhood**

Just like protective factors support a young person in avoiding drug use, risk factors that include instability, lack of affection, substance-using role models or peers, a lack of connection, low self-esteem, and discrimination or bullying can detrimentally impact a child. Parents and caregivers, while supporting their children with protective factors, should also be prepared to mitigate risk factors when possible. **By building a strong relationship with your child and maintaining open communication, substance use prevention is possible.**

Chapter 4

Family Communication for Each Age

PARENT TALKING TIPS THROUGH STAGES AND AGES: Pre-K to Young Adult



Conversations are one of the most powerful tools parents can use to connect with and protect their kids.

When tackling some of life's tougher topics, especially those about drugs and alcohol, just figuring out what to say can be a challenge. These tips can help you figure out what to say depending on your child's age or stage of development.

Helpful to Note:

- ✓ Always keep conversations open and honest.
- ✓ Come from a place of love, even when you're having tough conversations.
- ✓ Balance positive reinforcement and negative consequences.
- ✓ Keep in mind that teachable moments come up all of the time, be mindful of natural places for the conversation to go in order to broach the topic of drugs and alcohol.



Preschool (2-4 YEARS OLD)

Since the foundation for all healthy habits – from nutrition to toothbrushing – is laid down during the preschool years, this is a great time to set the stage for a drug-free life.

Tips for Conversations:

- **Explain the importance of taking good care of our bodies** – eating right, exercising, and getting a good night's sleep. Discuss how good you feel when you take care of yourself – how you can run, jump, play, and work for many hours.
- **Celebrate your child's decision-making skills.**
- **Help your child steer clear of dangerous substances that exist in their immediate world.** Explain that they should only eat or smell food or a medicine from a doctor that you, or other known caregivers offered. Also, explain that drugs from the doctor help the person the doctor gives them to but that they can harm someone else.
- **Turn frustration into a learning opportunity.** If a tower of blocks keeps collapsing during a play session, work with your child to find possible solutions to the problem.





Early Elementary Aged Child (5-8 YEARS OLD)

Children in this age group are still tied to family and eager to please, but they're also beginning to explore their individuality.

Tips for Conversations:

- **Talk to your kids about the drug-related messages they receive** through advertisements, the news media and entertainment sources.
- **Keep your discussions about substances focused on the present.** Long-term consequences are too distant to have any meaning. Talk about the differences between the medicinal uses and illegal uses of drugs, and how drugs can negatively impact the families and friends of people who use them.
- **Set clear rules and explain the reasons for your rules.** If you use substances, be mindful of the message you are sending to your children.
- **Work on problem solving by helping them find long-lasting solutions** to homework trouble, a fight with a friend, or in dealing with a bully. Be sure to point out that quick fixes are not long-term solutions.
- **Give your kids the power to escape from situations that make them feel bad.** Make sure they know that they shouldn't stay in a place that makes them feel uncomfortable or bad about themselves. Also let them know that they don't need to stick with friends who don't support them.



Preteens (9-12 YEARS OLD)

Preteens, on their quest to figure out their place in the world, tend to give their friends' opinions a great deal of power, while at the same time starting to question their parents' views and messages.

Tips for Conversations:

- **Make sure your child knows your rules – and that you'll enforce the consequences if rules are broken.** Research shows that kids are less likely to use tobacco, alcohol, and other drugs if their parents have established a pattern of setting clear rules and consequences for breaking those rules.
- **Kids who don't know what to say when someone offers them drugs are more likely to give in to peer pressure. Let her know that she can always use you as an excuse** and say: "No, my mom [or dad, aunt, etc.] will be really upset with me if I smoke a cigarette."
- **Feelings of insecurity, doubt, and pressure may creep in during puberty. Offset those feelings with a lot of positive comments about who they are as an individual and their strengths** – and not just when they bring home an A.
- **Get to know your child's friends – and their friends' parents.** Check in by phone or a visit once in a while to make sure they are on the same page with prohibiting drug or alcohol use, particularly when their home is to be used for a party or sleepover.



Teens

(13-18 YEARS OLD)

This is a pivotal time for parents in helping kids make positive choices when faced with drugs and alcohol. Teens are a savvy bunch when it comes to this topic, and they need detailed and reality-driven messages from you.

Tips for Conversations:

- **Make sure your teen knows your rules and the consequences for breaking those rules – and, most importantly, that you really will enforce those consequences if the rules are broken.** Research shows that kids are less likely to use tobacco, alcohol and other drugs if their parents have established a pattern of setting clear rules and consequences for breaking those rules. Kids who are not regularly monitored by their parents are four times more likely to use drugs.
- **Make it clear that you disapprove of all alcohol, tobacco, and drug use.**
- **Share with your teen all the things you find wonderful about them.** They need to hear a lot of positive comments about their life and who they are as an individual – and not just when they make the team or do well on a test. Positive reinforcement can go a long way in preventing drug use among teens.

- **Show interest in and discuss your child's daily ups and downs.** You'll earn your child's trust, learn how to talk to each other, and won't take them by surprise when you voice a strong point of view about drugs.
- **Don't just leave your child's drug education up to the school.** Ask your teen what they've learned about drugs in school and then build on that with additional topics, such as how and why chemical dependence occurs, the unpredictable nature of dependency and how it varies from person to person, the impact of drug use on maintaining a healthy lifestyle, or positive approaches to stress reduction.
- **Be sure you explain the danger in mixing substances, such as opioids with alcohol.**
- **Help your teen create an "EXIT PLAN" in case he or she is offered or faced with a difficult decision about prescription opioids or other substances.** Peer pressure can be powerful, so coming up with realistic action steps and practicing them together in a safe environment will prepare and empower your teen to make good choices when it matters.

EXIT PLAN

for teens offered or faced with a difficult decision about prescription opioids or other substances:



- ✓ Practice ways of saying no firmly.
- ✓ Leave the situation.
- ✓ Create a code word if your teen calls you and would like to be picked up.
- ✓ Praise when your teen takes steps to leave a situation and communicates with you on the reasons, fostering trust.



Young Adult (18-24 YEARS OLD)

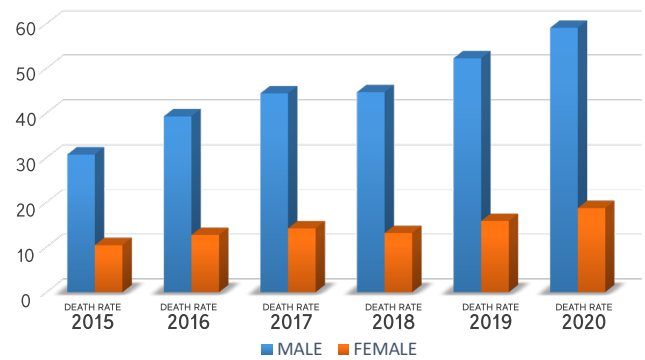


Whether your young adult child is heading to college, the military, or into the workforce, they are taking their first steps towards greater independence. As decisions are discussed it remains just as important to keep talking with them about substance use and the possible consequences to their well-being.

Tips for Conversations:

- **Keep in touch and talk overall about their choices and decisions.**
- **Point out the resources available to them wherever they are headed, who to contact for help from counseling staff or advisors, specific extra curricular groups, and housing choices.**
- **Point out the dangers of substances today being more concentrated, the dangers of mixing substances, and how substances' concentration can be obscured.**
- **Discuss how to handle situations where substances may arise in their new environments.**
- **Ensure they are aware of the employee benefits or programs and policies if going into the workplace.**
- **If headed to college, make sure they know the school's policies and resources on campus.**
- **If headed to the military, Military One Source provides family resources in prevention, treatment and counseling.**
- **If your child is injured or needs surgery, ensure they know what questions to ask around pain management options.**

Figure 3: Drug Overdose Mortality Rates, by Gender, Connecticut, 2015-2020
(Rate/100,000 Gender-Specific Population)



Young adults are at increased risk of substance misuse, with the most commonly misused substances being alcohol, marijuana, and tobacco or nicotine. They also have a much higher risk of overdosing than those under age 20.

Know that your young adult still needs guidance, support, and understanding as they make this transition and to be comfortable broaching these subjects with them on a regular basis.

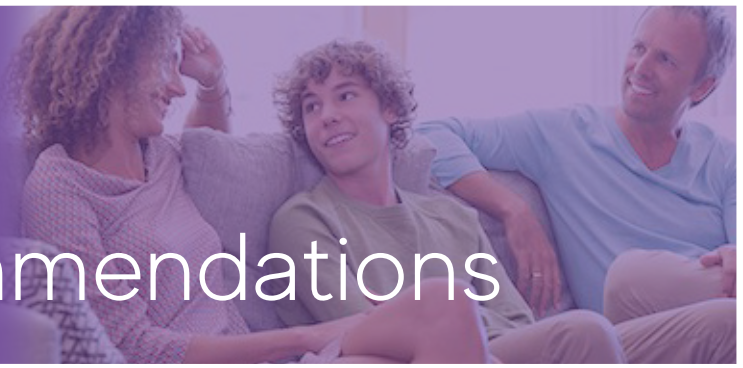
Additional Supports and Resources:

Through your existing contact network you may find additional supports for questions, concerns, and resources. These include but are not limited to:

- ✓ **Pediatrician**
- ✓ **Teachers**
- ✓ **School Counselor**
- ✓ **Coach**
- ✓ **Faith Leaders and Youth Groups**
- ✓ **On Campus Counseling Centers**
- ✓ **School Based Health Clinics**
- ✓ **School and Community Social Work Services**
- ✓ **Youth Service Bureaus**
- ✓ **Local Community Coalitions and Prevention Councils**
- ✓ **Family and Friends**

Chapter 5

At-Home Recommendations



Building on the previous chapter about creating a strong foundation for good communication and practicing those skills, parents and caregivers can take many steps to ensure their children are protected from opioid misuse, dependence, addiction, and overdose.

The steps below can support parents whose children may or have come in contact with opioids.

✓ **Spend time together.**

Whether your child wants you to know it or not, you still hold considerable influence over their choices. Using the earlier guide for difficult conversations is appropriate, but also make space for doing things you enjoy together.

✓ **Take mental health seriously and seek treatment early.**

Youth with the greatest risk of drug misuse often have other mental health challenges like anxiety or depression, whether or not they have a diagnosis. Mental health is integral to preventing drug dependence taking the place of healthy coping strategies. Equally important is parents' mental health. As a child's first teacher, kids need parents to model the best ways to deal with stress, strong emotions, and physical pain. When parents model those behaviors consistently, children are more likely to follow suit and seek self-soothing techniques that don't include substance use.

✓ **Request non-addictive pain treatments.**

For many kids, their first experience with drug use is through prescriptions, often opioids prescribed for pain control after dental surgery, a sports injury, or to control a chronic condition. Caregivers can advocate to their child's physician to offer a non-addictive pain treatment option such as rotating pain relievers from different drug classes like non-steroidal anti-inflammatory drugs (NSAIDs) and acetaminophen.

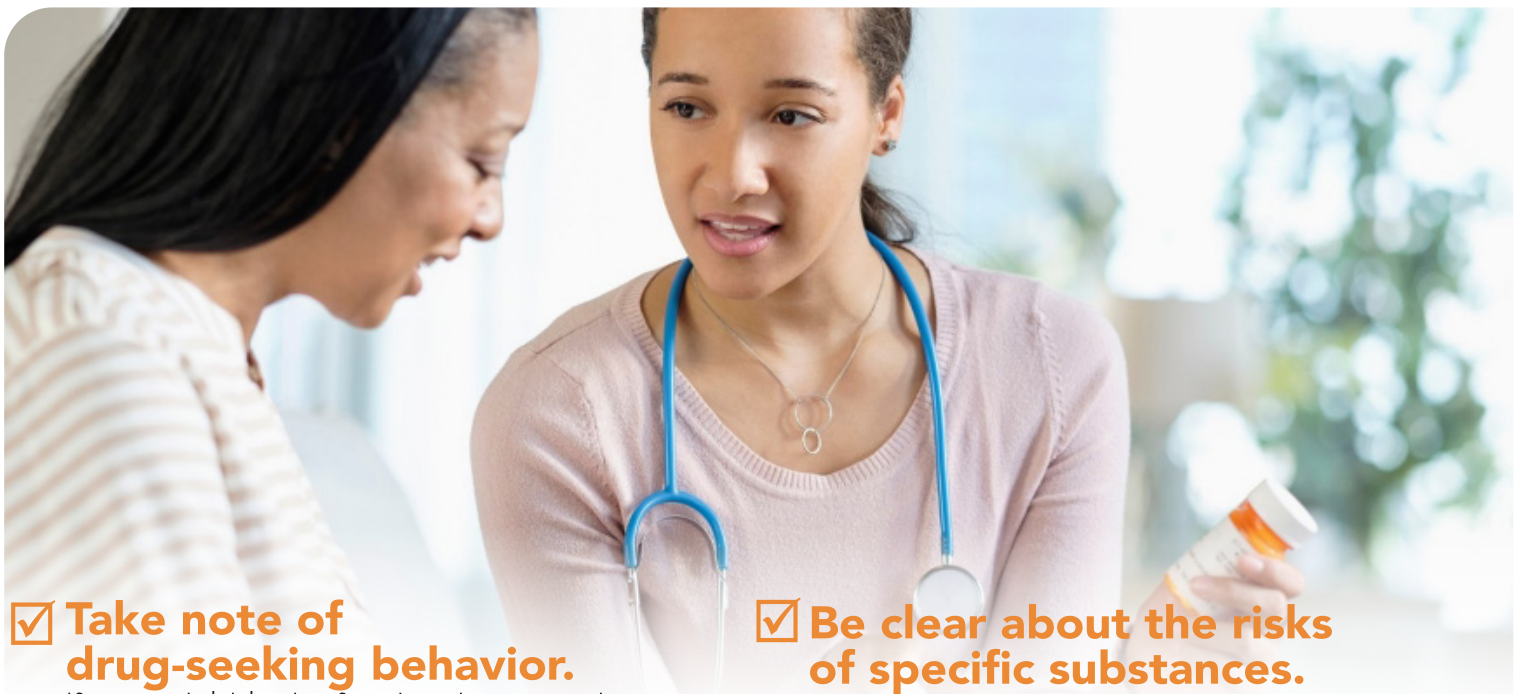
✓ **Follow the prescription.**

If alternative treatment options aren't available, it's important to follow the prescribed dosage and timing. While using opioids appropriately can still lead to dependence, it can slow the process and buy parents enough time to prevent addiction. Rather than offering more pain pills or more often, talk to your physician if the prescription doesn't seem to be helping your child enough.

✓ **Dispose of substances properly.**

If you have leftover medication after treatment, dispose of them as soon as you don't need them by mixing the pills with something gross like coffee grounds or old food, place them in a sealed bag, and throw them in the trash. Rather than flushing pills, which might prevent misuse but adds chemicals to the water supply, make sure the medications are hard to retrieve and highly undesirable. Check with your local police department to see if they have a drug disposal box.





✔ Take note of drug-seeking behavior.

If your child looks for the drugs on their own, has admitted to misusing them, or asks others for substances to handle pain, mental health, or other challenges, this is drug-seeking behavior. If your child has a prescription and asks for more pills or requests them sooner but is near the end of their healing period, it could be a symptom of dependence. Withdrawal symptoms can include physical pain and mood swings, among others, and may have your child convinced they need more. If you're not sure whether your child's symptoms are related to dependence, talk to them directly first and bring it up to their physician together. While parents want to protect their children from drug abuse and its related dangers, it's important to allow them agency in addressing their needs, especially as teens. Doubting their pain when it may be legitimate could backfire.

✔ Secure the substance.

When you have prescription or recreational drugs or alcohol in your home, make sure it is in a child-proof container and somewhere children and teens cannot access them. Lock pills and other substances away, changing locations regularly if necessary, and put strong tape across the caps so they cannot be opened without breaking the tape. Take an inventory of the prescriptions in your house, count pills or use permanent markers to label bottles.

✔ Be clear about the risks of specific substances.

While everyone is affected differently by the things they ingest, some drugs and patterns of misuse have predictable risks. Opioids and alcohol lower the heart rate and slow breathing while cocaine and amphetamines increase the heart rate and alertness. Mixing substances is deeply misunderstood and very dangerous; it should be addressed directly. Many accidental opioid-related deaths are caused by people taking multiple substances. Using a drug that increases alertness does not cancel out the effect of one that decreases heart rate.

✔ Be responsible yourself.

As a parent or caregiver, your actions – more than your words – set the precedent for how your child will engage with drugs and alcohol. Don't use illicit drugs yourself and use legal substances in moderation. If you're going to drink, have a designated driver. If you smoke regularly, seek treatment and talk to your child about how it affects your health and your concerns about continuing to use.

✔ If you suspect your child is currently under the influence, stay with them.

Most accidental substance-related deaths happen when someone is using alone. Monitor your child's well-being closely and be ready to summon an ambulance if you suspect they have alcohol poisoning or may be overdosing. Every minute counts.

Chapter 6

In the Event of an Overdose



Recognize an overdose.

The person experiencing an overdose will be unresponsive and either not breathing or taking very slow and shallow breaths, their skin – lips and fingertips – may be turning blue or greyish, and they will have pinpoint pupils.

SIGNS OF AN OPIOID OVERDOSE

- ✓ Blue lips or nails
- ✓ Dizziness and confusion
- ✓ Can't be woken up
- ✓ Choking, gurgling or snoring sounds
- ✓ Slow, weak or no breathing
- ✓ Drowsiness or difficulty staying awake

WHAT TO DO IN THE CASE OF AN OVERDOSE

The recommendations below are taken from harm reduction approaches to treatment in an effort to reduce the harm inflicted by substance use in the event that you cannot prevent it.

1. Call 911 and explain that someone is not breathing and is unresponsive. It's not necessary to mention a possible overdose at this time, though you will want to mention it when the ambulance arrives.

2. Wake them up by yelling their name, rubbing your knuckles into their chest plate or upper lip, or pinching the back of their arm. Say something they might not want to hear like "I'm going to call 911".

3. Administer Naloxone or Narcan as soon as possible if you have it. If the first dose is ineffective, administer again three minutes later. Many prevention and harm reduction programs offer regular, free training on how to administer these life-saving medicines and sometimes the actual medicine for no cost. Even if the medication is effective, a trip to the hospital is still in order.

4. Provide rescue breathing until an ambulance arrives.

5. Roll them onto their side in a rescue position if they begin to breathe on their own. That looks like laying their bottom arm out straight to rest their head, leaving their bottom leg straight and bending the top leg to rest the body weight on. This will prevent them from choking.

6. Be gentle with yourself and them. This is a stressful situation for both of you. Remember that a few deep breaths won't change what's happening, but it can give your nervous system a bit of space to remain calm and focused during a crisis.

Chapter 7

How to Get Help/Treatment



If you, your child, or someone you care for are experiencing difficulty with substance use – whether its misuse, dependence, or addiction – there are many highly-effective treatments available.

1. Consult a qualified mental health professional.

Only a professional can diagnose a substance use disorder. They can also help you understand how to talk to your child about their substance use in a way that prompts openness rather than defensiveness.

2. Understand your options.

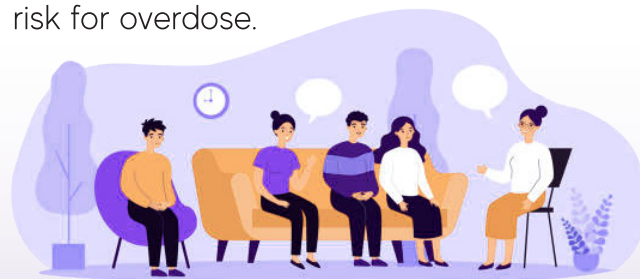
There are several kinds of treatment and prevention programs and what you choose depends on your situation. You and your child know the details of your context best and should have frank and honest conversations with a doctor when choosing one of the more intensive treatment options below.

a. **Prevention programs** often live within a town’s youth service bureaus, local schools, public libraries, or other youth-oriented groups. These programs are appropriate for all young people and, as the name suggests, focus on preventing substance use, misuse, dependence, and addiction. They’re often staffed with prevention professionals with training in the field who promote drug-free lifestyles for youth through events, after school programs, and workshops or training. They often have programs and information for parents and caregivers; it’s worth reaching out to find one near you.

b. **Outpatient treatment** can be in-home or at a doctor’s office but has a specific focus on reducing and eliminating substance use. If you know your child is experimenting with substances or using regularly, this is a good place to start. The treatment center staff can help you identify the appropriate level of care for your child.

c. **Intensive outpatient treatment** is often in-home and occurs several times per week. These treatment programs allow youth who are using substances to stay in the community with their full social support system but engages them actively in getting to the root cause of substance use and replacing those behaviors with effective, non-substance-related coping mechanisms.

d. **Residential treatment** takes place outside of the home and community, often in an effort to change the child’s environment and reduce triggers, temptations, and unhealthy situations. These programs are especially effective for young people who haven’t found success in outpatient treatment programs, whose caregivers find it challenging to supervise their behavior, or who are at heightened risk for overdose.

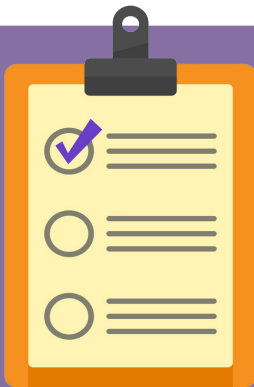


3. Go through with it.

All the research in the world won’t help your child unless you put it into action. Reach out to someone who will understand and support you, but make it happen.



It can be daunting to choose a treatment program, especially if your child is resisting the need. Keep in mind the compounding effects of drug use on their developing mind and body, and remember that recovery is absolutely possible. Prevention professionals often understand better than anyone that the person using substances to cope with life challenges must want to recover and that sometimes that desire lasts a very short time. Even if you don't choose a treatment option immediately because your child isn't yet ready, having these details worked out in advance can ease the process when they do decide it's time.



Treatment Evaluation CHECKLIST

Not all treatments are created equal. The checklist below represents recommendations from the Journal of American Medical Association (Brannigan, et al. 2004) and can guide your choices between treatment centers. Specifically, when deciding on an intensive outpatient or residential treatment center, use the questions below to interview potential providers. Take good notes and review them with your child to decide.

- Is this program accredited by the Commission on Accreditation for Rehabilitation Facilities (CARF) and/or the Joint Commission on Accreditation of Healthcare Organizations (JCHO)?
- Does this program conduct comprehensive intake assessments that cover all aspects of a child's life including possible co-occurring mental health issues, family functioning, medical issues, learning disabilities, and others?
- Is the treatment comprehensive, also offering support for all areas of a child's life?
- Will family be involved in treatment?
- Is the program targeted specifically for teens, addressing their unique developmental needs?
- How does the program engage and retain participants? Is there trust between staff and participants?
- What qualifications are required for staff? Are they trained in adolescent development, substance use treatment, and in addressing co-occurring mental health illnesses?
- Does the program accommodate distinct cultural and gender differences? If so, how?
- What continuing care resources will be provided – by the program, your family, or in the community?
- What are the treatment outcomes of the program, and how are they measured?

Chapter 8

Special Populations



Student Athletes

It is well-documented that sports serve as a protective factor for youth, preventing them from engaging in risky behaviors such as drug and alcohol use. Positive social interaction with peers as well as community-level participation reinforce wellness and healthy behavioral norms in youth. Participating in sports, however, does have a set of risks specific to student athletes. Some of these risks include strenuous daily training regimens, injuries, surgeries, ongoing commitment, and internal and external pressures and expectations. Student athletes who have been injured or undergone surgery are a priority demographic to be considered at higher risk than their non-athlete peers in developing opioid dependence.

What to do when sports injuries occur:

- **Return-to-play decisions should be determined by the medical professionals involved with the injured athlete** such as physicians, athletic trainers, physical therapists, and/or other outside professionals—not the athlete, coach, or the athlete’s parents.
- **Document the treatment and return-to-play plan**, and share it with all parties involved in an injured athlete’s care and sports participation.
- **An injured athlete needs time to heal.** Missing a game or two is better than missing an entire season or more.

Consider the injured athlete’s social, emotional and mental health:

- **Sports injuries can also have an impact on the social and emotional wellbeing of a student athlete.** Being sidelined and losing a structured activity may lead to depression, loss of connection to friends, stress, and loss of identity as an athlete.
- **Communicate regularly with injured athletes about how they can stay involved with the team even if they are not able to get back on the field.**

What to do if an injury occurs and pain management is needed:

- **Opioids for pain should be considered by physicians when other approaches have not provided relief.** Students and their families should talk openly with their doctor and pharmacist about the medications, their proper use, and possible risks and side effects.
- **Consider asking about alternative treatments** such as ice, heat, massage, braces, physical therapy, rest, or over-the-counter non-steroidal anti-inflammatory medications.



RETURNING TO PLAY AFTER AN EXTENDED ABSENCE

It is important to acknowledge some novel circumstances athletes may face when returning to play from an extended absence that puts them further at-risk than their non-athlete peers of developing an opioid dependence. As restrictions lift some things to consider:

- ✓ **Abbreviated athletic seasons may intensify both internal and external pressures on the student athlete.**
- ✓ **Athletes may be more inclined to play through pain/injuries or return too quickly after an injury or surgery.**
- ✓ **Injuries that are not given proper and immediate attention may require more pain medications over a longer period of time.**



Special Populations – LGBTQ+

The opioid epidemic is devastating communities across the United States. Data indicate that young people who identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ+) are disproportionately affected by substance use disorders (SUD) including opioid use disorder. It is also important to note that there is a gap in the data of opioid use amongst individuals identifying as transgender because many research studies fail to properly identify these participants.

Identifying as LGBTQ+ does not cause someone to misuse opioids. Minority stress and the consequences of prejudice act as a barrier to accessing adolescents' typical support systems and can serve as a framework for understanding the opioid epidemic in LGBTQ+ populations. As these youth cope with stigma, harassment, and even rejection by their own families, LGBTQ+ teens are more likely than their non-LGBTQ+ peers to use alcohol and drugs, including opioids.

Minority stress caused by discrimination, victimization, stigma, and marginalization is something LGBTQ+ people face constantly from a young age. As a result, oftentimes an individual's psychological processes and ability to regulate emotions are negatively impacted which can lead to identity concealment and internalized feelings of worthlessness and concerns about their future. In order to escape or dull these feelings and emotions, some young people seek opioids and/or other substances for relief. One study even found that sexual minority youth are more likely to start opioid misuse earlier in life compared to sexual majority peers.

What risk factors do LGBTQ+ youth face?

- Bullying and harassment
- Family conflict and rejection
- Minority stress
- Gender stereotypes

What are the outcomes for LGBTQ+ youth?

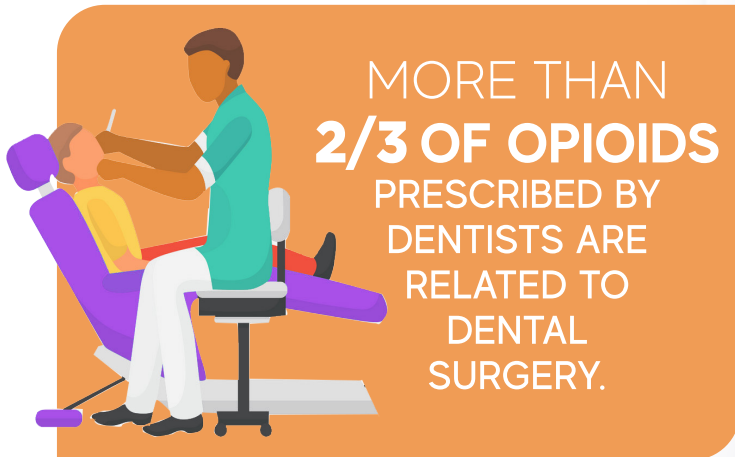
- LGBTQ+ are more likely than their non-LGBTQ+ peers to use alcohol and other drugs.
- There is less research available about substance use among teens who are transgender.
- Transgender young people experience certain substance abuse risk factors such as peer victimization and psychological distress, even more often than lesbian, gay, bisexual, or queer youth who are cisgender.

How do I help?

- **Family support**—Young people whose parents and caregivers affirm their identity are less likely to use drugs and alcohol, and more likely to trust these adults for help if they do have trouble with these substances.
- **Families can help teens find and join a local LGBTQ+ youth group.** Not only does this effort demonstrate a family's support, it helps teens find LGBTQ+ friends. Strong social supports are a protective factor when it comes to drugs and alcohol.
- **Families who find the issue particularly challenging may be interested in the work of the Family Acceptance Project, particularly its family education booklet.** In the United States, PFLAG supports family members, friends, and allies of LGBTQ+ people through its online resources and more than 350 local chapters.



Special Populations – Dental Surgery Patients



The most common procedure among teens requiring an opioid prescription is the removal of wisdom teeth. It is important to note that the American Dental Association recommends that dentists prescribe a combination of ibuprofen and acetaminophen for the treatment of dental pain, rather than opioids; **a study from 2013 that found that a 200mg dose of ibuprofen combined with 500mg of acetaminophen was more effective in treating pain than opioids.**

How to protect your child

Talk to your child's dentist to make sure that you understand what medication is being prescribed to your child.

- **Ask if this prescription has the potential to be addictive.** If so, are there other alternative pain management solutions, such as ibuprofen and acetaminophen?
- **Ask if there's an option other than prescription opioids to treat your pain.** Some non-opioid medicines might offer the best balance between benefits and risks.
- **Tell the dentist about any substance use disorders or addiction in your family.** This will help the dentist decide if opioids are safe for you.
- **Talk about your teen's medical history and any medications they are taking.** It might not be safe to take opioids with some other medicines, and mental health challenges can put youth at greater risk of misuse and dependence.

If your dentist decides that opioids are the best choice for your child, there are additional steps you can take:

- **Manage and monitor your child's medication.** This includes storing the opioid medication safely and securely. Consider purchasing a locking medication box for your household.
- **Urge them not to share medication.** Discuss the dangers of misusing opioid prescriptions and the addictive properties associated.
- **Dispose of extra painkillers as soon as possible.** Drug disposal kits are available along with national drug takeback day events. For immediate disposal, mix the prescription in a sealable bag with coffee grounds or cat-litter. For more information on how to properly dispose of unwanted/needed prescriptions please visit the CT Department of Public Health website.
- **While it may seem like a fool-proof plan, do not flush extra medication down the toilet as it can affect water supplies.**

Taking these steps can mitigate the impact that an opioid prescription has on your child, preventing the misuse and dependence that put them in harm's way.

CONCLUSION

While substance use and misuse, dependence and addiction, and overdose and unintentional death are on the rise across the United States and in Connecticut, parents and caregivers have opportunities to recognize and mitigate risks and provide protective environments for their children.



ADVICE FOR PARENTS:

1. Learn about opioids, their uses and risks, so you can be prepared to advocate for your child as well as answer their questions. And be aware of the physical and behavioral signs of opioid use, dependence, and addiction.
2. Recognize that opioid misuse often begins with mental health challenges and that healthy coping strategies are both safer and more effective.
3. Have conversations about substance use with your child early and consistently.
4. Ask trusted healthcare and dental providers about non-opioid alternatives to manage your child's pain from any injuries, dental work, or other healthcare issues and administer prescription medications only as instructed. Consult with your healthcare provider or prescriber to understand the potential risks and side effects of prescription pain medications.
5. Monitor, secure, and properly dispose of any prescription pain medications in your home.
6. Consult with a healthcare provider to discuss treatment options for opioid misuse. There are both inpatient and outpatient programs that combine medication, health services, and psychotherapy.
7. Practice self-care, which may include your own counseling or attending a support group. Use your strength to support your family.
8. Call on your social supports if uncertainty, worry, or overwhelm take root. You don't have to carry the burden alone.
9. Use immediate assistance lines and resources listed in our appendix.

Appendix

Resources

The information in this guide was compiled from the following reliable and science-based resources. Rather than providing direct links to individual pieces of information, the documentation below includes the home page and a short description of the websites, organizations, and data portals most likely to provide you with the additional information you need to protect your family. We recommend searching each page for the specific information you need.

* CT Talk It Out

Any parent who wishes to access supports are invited to call **833-258-5011** and engage with trained professionals who will listen and speak with them about their concerns. If additional help is needed, they will be referred to community-based services.

* Parent Hotline

You can connect with the Partnership for Drug Free Kids (now Center on Addiction) Helpline specialists to help you find answers and make an action plan in the following ways:

Call 1-855-378-4373

Send a Text a Message to 55753

Center for Disease Control works 24/7 to protect America from health, safety and security threats, both foreign and in the U.S. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same.

Change the Script is a statewide public awareness campaign to help communities deal with the prescription drug and opioids misuse crisis. It connects town leaders, healthcare professionals, treatment professionals and everyday people with the resources they need to face prescription opioid misuse – and write a new story about what we can accomplish when we all work toward a shared goal. Materials also available in Spanish.

Community Coalitions

Communities throughout Connecticut have substance prevention coalitions that you can join as a community member. As a member of your local prevention council and coalition you become an active participant in the prevention and reduction of youth substance misuse efforts. Many of these coalitions also have a youth committee for middle and high school students who can also join and lend their voice to this work. Through the delivery of evidenced based strategies our community coalitions in Connecticut are a part of the critical infrastructure for healthy communities, youth, and families.

Connecticut Opioid Overdose Prevention/Naloxone (Narcan) Initiative

Naloxone, also known as Narcan, is a prescription medication that reverses opioid overdoses. It is a safe and easy to use medication that you can get from your doctor or a certified pharmacist.

CT Department of Mental Health and Addiction Services

is designed to promote the overall health and wellness of individuals and communities by preventing or delaying substance use. Prevention services comprise six key strategies including information dissemination, education, alternative activities, strengthening communities, promoting positive values, and problem identification & referral to services.

* CONTACT FOR IMMEDIATE ASSISTANCE

CT Office of the Chief Medical Examiner aims to provide accurate certification of the cause of death and to identify, document and interpret relevant forensic scientific information for use in criminal and civil legal proceedings necessary in the investigation of violent, suspicious and sudden unexpected deaths, by properly trained physicians. Providing such information may prevent unnecessary litigation, protect those who may have been falsely accused, and lead to proper adjudication in criminal matters.

CT 211. 2-1-1 is a free, confidential information and referral service that connects people to essential health and human services 24 hours a day, seven days a week online and over the phone.

Crisis Text Line
 • Text 7417741

KidsHealth aims to give families the tools and confidence to make the best health choices, providing doctor-reviewed advice, sections for parents and children, easy-to-follow information, and free lesson plans for educators.

MedlinePlus is a service of the National Library of Medicine (NLM), the world's largest medical library, which is part of the National Institutes of Health (NIH). Our mission is to present high-quality, relevant health and wellness information that is trusted, easy to understand, and free of advertising, in both English and Spanish. Anywhere, anytime, on any device—for free.

Naloxone + Overdose App (NORA)
 NORA is a free app from the Connecticut Department of Public Health. Use NORA to prevent, treat, and report opioid overdose.

Narcotics Anonymous
 Narcotics Anonymous is a global, community-based organization with a multilingual and multicultural membership. NA was founded in 1953, and members hold nearly 76,000 meetings weekly in 143 countries today.

National Institute on Drug Abuse (NIDA) is one of the National Institutes of Health and works to advance science on the causes and consequences of drug use and addiction and to apply that knowledge to improve individual and public health.

National Suicide LifeLine:
 • Call 800-274-TALK
 • En Espanol: 888-628-9454

Partnership to End Addiction is the joining of two organizations, the Center on Addiction and Partnership for Drug-Free Kids. Their mission is to transform how our nation addresses addiction by empowering families, advancing effective care, shaping public policy and changing culture.

Substance Abuse and Mental Health Services Association (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

For further resources and information, you may visit the **REGIONAL BEHAVIORAL HEALTH ACTION ORGANIZATION** in your area:

